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Prepare a Will

Will A

For One Person (married or unmarried)

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1. Your personal details:

| | |
|-----------------|----------------------|
| First Name: | <input type="text"/> |
| Middle Name(s): | <input type="text"/> |
| Last name: | <input type="text"/> |
| Street: | <input type="text"/> |
| Apt, unit: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| Region/County: | <input type="text"/> |
| State: | <input type="text"/> |
| Zip Code: | <input type="text"/> |
| Email: | <input type="text"/> |

If we have a question can we contact you at 1 telephone numbers. If left blank, we will con by email.

| | |
|------------------------------|----------------------|
| Telephone - Home: | <input type="text"/> |
| Telephone - Work: (optional) | <input type="text"/> |

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2. Your children (if any):

A Full Name of Child

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Middle | Last Name(s) |

City/Town of Residence:

B Full Name of Child

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Middle | Last Name(s) |

City/Town of Residence:

C Full Name of Child

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Middle | Last Name(s) |

City/Town of Residence:

D Full Name of Child

First

Middle

Last Name(s)

City/Town of Residence:

E Full Name of Child

First

Middle

Last Name(s)

City/Town of Residence:

F Full Name of Child

First

Middle

Last Name(s)

City/Town of Residence:

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3. Executors

Who do you wish to have as an executor or executors? If more than one person is named, please indicate if they are to be alternate executors. Otherwise all persons named will be co-executors. (Co-executors act jointly. With alternate executors, the first named individual is appointed as executor if she can not act or has died, the next named individual is appointed as executor.)

Recommendation:

While only one executor is required, you may name more executors that you indicate to be co-executors or alternate executors. It is more likely that there will be at least one executor that lives longer than the others. Parents, although older, are recommended executors as are children and sisters and close personal friends.

If you have more than one child, you may wish to name all of your children as executors. This is a reason - more than 4 or 5 executors is procedurally more difficult) as provided they are over the age of 21 at the time of question 6.

A Name of Executor

First

Middle

Last Name(s)

B Name of Executor

First

Middle

Last Name(s)

C Name of Executor

First

Middle

Last Name(s)

D Name of Executor

First

Middle

Last Name(s)

E Name of Executor

First

Middle

Last Name(s)

F Name of Executor

First

Middle

Last Name(s)

4. If you have children, do you want everything to go equally to all of your children?☐ Yes (go to 6)☐ No (go to 5)

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5. If your answer to question 4 is no, who would you want to receive what portion of your estate?

(There is a text box at the end of this section to describe different or additional details)

A Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

B Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

C Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

D Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

E Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

F Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

G Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

H Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

I Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

J Name of Beneficiary

First

Middle

Last Name(s)

Relationship:

Percent of Esta

Describe in detail, how you would prefer to have your estate divided not as provided for above.

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6. ***At what age do you wish any beneficiaries or potential beneficiaries to have full access to their inheritance?***

Recommendation:

Over the years, the preferred age for heirs to receive control of their inheritance has varied from the age of majority to between age 21 and age 25. Our recommendation is at least that age takes an heir beyond the age of college schooling. The will provides that the executor may disburse part or all of the inheritance on behalf of (e.g. living costs, schooling expenses) to an heir under the age of 21 at their discretion. Accordingly, it is not required that an heir reach the age of 25 to receive control of their inheritance if the executor exercises his or her discretion to grant a balance of the inheritance at an earlier age.

Age:

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7. ***Guardianship***

Do you wish to name guardians for your children (if any). If more than one person is named, please indicate if they are to be alternate guardians. Otherwise all persons named will be joint guardians. (Joint guardians act together. With alternate guardians, the first named individual is appointed, and if he or she can not act or has died, the next named individual is appointed, and so on.)

Recommendation:

You should identify individuals who would provide the moral upbringing you would prefer for your children.

age of majority. Alternate guardian would be advised in case your choice of guardian or guardian act. You should discuss this with individual(s) that you have na

A Name of Guardian

First

Middle

Last Name(s)

B Name of Guardian

First

Middle

Last Name(s)

C Name of Guardian

First

Middle

Last Name(s)

D Name of Guardian

First

Middle

Last Name(s)

E Name of Guardian

First

Middle

Last Name(s)

F Name of Guardian

First

Middle

Last Name(s)

For additional names of specific children for a specific guardian please use at [question 9](#).

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8. Funeral and Burial Instructions

Do you wish to give specific funeral and burial instructions? If so,

detail below.

Recommendation:

If you have not prearranged your funeral, you may wish to indicate the type of service and burial instructions that you prefer, if any. Other details such as an open or closed casket could also be mentioned. While these instructions are not legally binding on the executor, they do serve as an indication of your preference.

Instructions

| |
|--|
| |
|--|

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9. Other Instructions (Will)

Are there other instructions that you would like to see included in your will?

Instructions

| |
|--|
| |
|--|

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10. Power Of Attorney

Specify who you wish to act as your power of attorney. If more than one person is named, please indicate if they are to be alternate powers of attorney. Otherwise all persons named will be co powers of attorney. (Co powers of attorney act together. With alternate powers of attorney, the first named individual is appointed and if he or she can not act or has died, the second named individual is appointed, and so on.)

Recommendation:

As with executors and guardians, it is preferable to have more than one person named. This provides a longer list of names, when more than one person is named.

A Name of Power of Attorney

| |
|--|
| |
|--|

First

| |
|--|
| |
|--|

Middle

| |
|--|
| |
|--|

Last Name(s)

B Name of Power of Attorney

| |
|--|
| |
|--|

| |
|--|
| |
|--|

| |
|--|
| |
|--|

| | First | Middle | Last Name(s) |
|---|---------------------------|----------------------|----------------------|
| C | Name of Power of Attorney | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | First | Middle | Last Name(s) |
| D | Name of Power of Attorney | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | First | Middle | Last Name(s) |
| E | Name of Power of Attorney | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | First | Middle | Last Name(s) |
| F | Name of Power of Attorney | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | First | Middle | Last Name(s) |

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11. Power Of Attorney - Restrictions

Specify any restrictions in your power of attorney that would limit of the activities permitted by your power of attorney.

Recommendation:

Generally few people request restrictions, however, you may have strong cultural or religious beliefs that may be of assistance in your power of attorney.

Restrictions:

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12. Other Instructions (Power of Attorney)

Are there other instructions that you would like to see included in your power of attorney?

Instructions

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Purchase Will and Submit Form to Wills-Net

Please review the details specified above for correctness, before submitting.



All wills are reviewed and then emailed to you within one business day of your signature.

Payment Information

Your email address will be considered our authority to debit your card in the amount **\$50.00**

Card:

Card Number:

Expiry Date: MMY

Name on Card:

Email Address:

We Accept



Send form to



If you are uncomfortable providing credit card information over the internet even though any information transmitted via this web site is encrypted, please provide the card number, expiry date, name on the card, and specify whether card is a VISA or MasterCard on a separate sheet and fax to our toll free number 1-888-WILLSNET (1-888-945-5766).

We have provided a [fax document](#) (Acrobat PDF) to print and fill out for your convenience.

Specialists in
Will Preparation
for over
20 Years

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